



**Office of
Victim Services**

New York State
Office of Victim Services

CIVIL RIGHTS POLICIES AND PROCEDURES
ACKNOWLEDGEMENT

GRANTEE:	
CONTRACT #:	

I acknowledge that I have read, understand and agree to comply with all Office of Victim Services (OVS) Civil Rights Policies and Procedures. I also accept responsibility for ensuring that all project staff understand their responsibilities as outlined under Civil Rights Compliance at the following: <https://ovs.ny.gov/victim-assistance-program>. I understand that if I have any questions about the material and my responsibilities as a sub-grantee that I will contact the OVS Grants Unit at 518.485.2763 or OVSGrants@ovs.ny.gov

Signature	
Printed Name	
Title and Date	

Please print, sign and email to OVSGrants@ovs.ny.gov

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